

Hearing Date: March 14, 2023

Committee: Finance

Bill: [SB674 – Parity With Other Health Care Practitioners \(Physician Assistant Parity Act of 2023\)](#)

Position: SUPPORT (Favorable)

This is a letter in **Support of SB 674- PA Modernization Act.**

My name is Jennifer Barnett, and I am in my 22nd year as a physician assistant working in a variety of practice settings, most recently in hospital medicine. Our current PA practice laws are outdated with administrative burdens that decrease access to care. I have a heart for caring for underserved populations, but am limited in providing primary care, as many outpatient sites will NOT hire physician assistants, even in underserved areas, including Federally Qualified Health Centers due to the administrative barriers.

Under the current law, I can only perform the duties that my supervising physician can also perform, even if I have performed these duties for years working with other providers. This causes decreased access to care, particularly in the outpatient or rural care setting. I have my own DEA number and license to practice medicine as a PA in Maryland. I have had pharmacy refuse to fill my prescriptions, even for life saving medications because my supervising physicians name and license number was not listed when the prescription was electronically sent. This has caused my patients to need to come back to the emergency department, increasing the burden on the healthcare system.

I see patients in the hospital daily and work with all members of the healthcare team to provide care. When a psychiatrist determines that a patient is not competent needing an involuntary admission to an inpatient psychiatric unit, I am not able to be the second provider to certify this need, even though I may know the patient the best. I must contact a physician who likely has not ever seen the patient to see the patient and sign the second certification. This causes a delay in care, and burden to the already burdened healthcare system.

It is essential to vote favorable for SB 673 to improve access to care, including eliminating the need for my supervising physician's name and license number to be listed on prescriptions, allow for me to practice based on my training and experience, and improves access to care, particularly in rural and underserved areas.

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